

# TB CARE I

## **TB CARE I - Ethiopia**

Year 4 Quarterly Report January – March 2014

**April 30, 2014** 

#### **Table of Contents**

1.	QUARTERLY OVERVIEW	3
2.2	Universal Access	4
2.2	Laboratories	9
2.3	Infection Control	11
2.4	PMDT	13
2.5	TB/HIV	15
2.6	HSS	16
2.7	M&E, OR and Surveillance	16
2.8	Drugs	18
3.	TB CARE I'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 4	20
4.	MDR-TB CASES DIAGNOSED AND STARTED ON TREATMENT IN COUNTRY	21
5. MA	TB CARE I-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND NAGEMENT-RELATED TRIPS)	22
6.	FINANCIAL OVERVIEW	24

1. Quarterly Overview

Country	ETHIOPIA
Lead Partner	KNCV
Coalition Partners	MSH, WHO, The Union
Other partners	AHRI
Workplan timeframe	01/10/13-30/09/14
Reporting period	Jan – Mar 2014

#### Most significant achievements:

Four major national events were successfully conducted, March 17-23, 2014, where TB CARE I provided remarkable technical and financial support: a national community TB care symposium, childhood TB symposium, the 9<sup>th</sup> National TB research Advisory Committee(TRAC)conference, followed by World TB day commemoration on March 24. The community TB care symposium was an important national event whereby the experience of different partners was discussed and the input was used to revise the national Community TB care strategy. The childhood TB symposium was the first of its kind and key stakeholders including MOH and pediatrics association of Ethiopia have participated and shared their thought on how to address the major challenges of TB in children specially challenges related to diagnosis and Monitoring and evaluation system.

The TRAC conference continues to be a key national forum for researchers, TB and HIV program managers, partners and donors to come together and discuss on key TB control strategies and challenges. The key TB CARE I results that were shared during the conference include presentation of six research papers which are the results of the operational research capacity building initiative, presentation on achievement of civil society engagement, presentations of the role of media to strengthen TB awareness creation. The World TB day was commemorated as a day to promote and sensitize the general public on the highly prioritized TB control agenda in Ethiopia.

National guideline for setting norms for building design was drafted and enriched through a consultative meeting supported by TA March 31-April 4, 2014. The document will be a key guiding tool to streamline the standards of renovation and construction of health facilities.

The second edition of the national guidelines for programmatic management of DR-TB were successfully conducted by the technical working group, and TB CARE I played a key role in providing technical assistance as well as financial support by covering cost for the consultative workshops. The final version is being printed with the support of TB CARE I.

TB CARE I-supported TB contact investigations piloted in 21 health facilities (HFs) in North Showa are progressing well. During the last supportive supervision from February10-16 2014, remarkable progress was documented. So far, through the second quarter, among 3,527 household contacts, 27 patients were found to have active TB and all were started on anti-TB treatment. This finding suggests a prevalence of 766 active TB cases per 100,000 contacts, which is three times higher than the prevalence in the general population. Therefore, this could be good evidence that will help the NTP to prioritize and scale up the implementation as well as monitoring of contact investigations in Ethiopia.

The national laboratory strategy has been drafted by the national task force with supported provided by international and local TB CARE I laboratory experts. The latest version is under review.

#### Technical and administrative challenges:

- Generally there were no major challenges during the quarter.

## **2.** Year 4 technical outcomes and activity progress

#### 2.2 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date <sup>1</sup>	Comments
1.1.1	Number of facilities where quality of services is measured	-	25	Not yet measured (end of 3 <sup>rd</sup> Q)	
1.2.4	Children younger than 5 (contacts of ss+adults) that were put on IPT	-	50	93	NB there is no report specific to this activity; It's a result of pilot implementation of contact screening in the NorthShowa zone
1.2.5	Childhood TB approach implemented	2	3	2	Ongoing discussion on developing roadmap & implementation plan that is well on track
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	265	345	Measured annually	
1.2.7	Prisons with DOTS			2	
1.2.8	CB-DOTS program is implemented	3	3		Activity started late due to delayed fund transfer to WHO
1.2.9	Population covered with CB-DOTS	25%	50%		
1.2.10	Health facilities offering CB-DOTS services	37%	50%		
1.3.1	Patient Delay	30-60 days	30-40 days		
1.2.11	Number of Household TB contacts traced and investigated  Description: This indicator measures household TB contacts traced through contact investigation.		1,400	3527 (From Apr 2013 – Feb 2014)	Pilot project on TB contact investigations in 21 HFs of North Shoa zone from Apr 2013 – Feb 2014.
1.2.12	Proportion of TB patients notified among contacts of index cases		3%	0.76%	Out of 3527 household contacts investigated,

\_

<sup>&</sup>lt;sup>1</sup> If results are not available, write "Measured annually" or "Not yet measured" and say when the data are estimated to be available. Not all indicators can be measured quarterly.

Activity	the contactimplement <b>Denomin</b>	or: Number of TB cases among cts where pilot is being ted ator: Total number of ed contacts of index cases.  TB CARE Year 4	Cumulative Progress as of the quarter's	(27 / 3527		27 were diagnosed TB. (see Fig.3)  NB we've revised our target from 10% to 3%, since case-finding is based on the conventional smear microscopy (low sensitivity)  Status <sup>2</sup>
Code (***)	Partner	Planned Activities	end	Start	End	
1.1.1	MSH	Measure quality TB services	The TOR was finalized, advertised, and was submitted on February 14th.Proposals were evaluated by the team and the evaluation results were submitted to contracts	Apr 14		Ongoing
1.2.1	KNCV	Contact screening	- Implementation status evaluated in one region (A.A) through an OR, findings shared during TRAC conference. The key challenges were lack of screening tools, workload, and inadequate attention given by HCW. Relevant intervention plan developed based on key findings & gaps	Oct 13	Dec 13	Ongoing
1.2.2	KNCV	Training on Childhood TB	Need to prepare/adaptation of training manual, since there is no childhood TB specific training material (discussing with the Ministry)	Nov 13	Dec 13	Ongoing
1.2.3	KNCV	Complete childhood TB framework	- A half day national workshop on childhood TB conducted on March 20, 2014 to build consensus on strategic document, preparation of implementation plan & training material is under discussion with MoH	Oct 13	Dec 13	Ongoing
1.2.4	KNCV	Provider support tool	- Part of the planned activities in 1.2.3	Nov 13	Dec 13	Pending
1.2.5	KNCV	Mentorship on childhood TB	<ul> <li>Mentorship and follow up visit planned after training &amp; job aids &amp; monitoring tools available (3<sup>rd</sup> - 4<sup>th</sup> Q)</li> </ul>	Oct 13	Sep 14	Pending

\_

<sup>&</sup>lt;sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.2.6	WHO	Print log book	Community TB care logbook developed and the printing process is started	Nov 2013	Jan 2014	Ongoing
1.2.7	WHO	Print report format	The printing process is started and ongoing	Nov 2013	Jan 2014	Ongoing
1.2.8	WHO	Referral form	The printing process is started	Nov 2013	Jan 2014	Ongoing
1.2.9	WHO	CBTC strategy	The updating & revising of Community TB care implementation guidelines is completed.	Nov 2013	Mar 14	Completed
1.2.10	WHO	Baseline assessment	Baseline assessment done in the selected districts(woreda)for TB contact investigation activity implementation	Nov 2013	Jan 2014	Completed
1.2.11	WHO	Sensitization workshop on contact investigation	Planned in 3 <sup>rd</sup> Q	Dec 13	Dec 13	Pending
1.2.12	WHO	Training on contact investigation	Planned in 3 <sup>rd</sup> Q	Dec. 2013	2014	Pending
1.2.13	MSH, WHO	Tool contact investigation	Tools developed for monitoring the implementation of contact investigation activities.	Mar 14	Apr 14	Completed
1.2.14	MSH, WHO	Supervision/follow up of contact investigation	A second supervision/follow uphas been conducted from February 10-16, 2014 to 21 pilot HFs in North Shewa Zone	Oct 13	Apr 14	Ongoing
1.2.15	MSH, WHO	Review meeting on contact investigation	A review meeting on Contact Investigation was conducted from November 30 to December 01, 2013. Participants (59) were from 21 pilot health facilitiesdistrict (Woreda) offices & zonal departments.	Dec 13	May 14	Completed
1.2.16	MSH	TA contact investigation	Planned in 4 <sup>th</sup> Q	Mar 14	Apr 14	Pending
1.2.17	MSH	Guideline on TB in congregate setting	Discussion commenced with NTP, situation assessment proposal on development	Nov 13	Jul 14	Ongoing
1.2.18	MSH	Renovation of TB rooms	Sites selected jointly with 2regional health bureaus RHBs and respective prison administrationmission requested for Environment mitigation clearance. The clearance has been secured and the process is now going well.	Dec 13	Jun 14	Ongoing
1.3.1	KNCV	Refresher training CSO	Conducted for two sub-cities, 52 CSO members participated (all women). This intervention is showing important progress in terms of increasing suspect referral, case detection and treatment adherence.	Mar 14	Mar 14	Completed

1.3.2	KNCV	Quarterly review CSO, HCW	Conducted for two sub-cities, 35 participants attended from health office, health facility staff (medical directors & TB focal person as well as triage personnel) and Civil Society organization (CSO) representatives. Main agenda was on suspect referral and documentation	Oct 13	Sep 14	Ongoing
1.3.3	KNCV	Assess patient delay	Planned in 3 <sup>rd</sup> quarter	Feb 14	Jul 14	Pending
1.3.4	KNCV	Mentoring CSO	Regular weekly & monthly meetings conducted with main objectives of mentoring and supportive supervision	Nov 13	Sep 14	Ongoing
1.3.5	KNCV	TA on ACSM/CSO	Planned for 3 <sup>rd</sup> quarter by Netty Kamp.	Oct 13	Jul 14	Pending
1.3.6	KNCV	Reference material for CSO	Education material (brochure) prepared for CSO and public & printed	Mar 14	Jul 14	Completed
1.3.7	KNCV	TB message for public	Poster prepared & printed and will be distributed by MOH through its regular dissemination channels.	Oct 13	Jun 14	Completed
1.3.8	MSH	TB Newsletter	Quarterly newsletter printed and distributed	Nov 13	Sep 14	Ongoing
1.3.9	MSH	Review Meetings central	Quarterly review meeting of TB Media Forum members conducted at Dukem on 2 March, 2014. A total of 25 members participated.	Oct 13	Sep 14	Ongoing
1.3.10	MSH	WTD Commemoration	Participated in the organizing committee meeting, successfully conducted on March 24, 2014, Supported the WTD commemoration at Hawassa, Tigray and Amhara distributed all in all 4,500 t-shirts with TB messages.	Mar 14	Mar 14	Completed
1.3.11	MSH	Assessment radio program	Planned in 4 <sup>th</sup> Q	Apr 14	Jun 14	Pending
1.3.12	MSH	TB message via radio	TB message using FM radio being aired regularly	Nov 13	Sep 14	Ongoing
1.3.13	MSH	Panel Discussions	Three out of four for the year, panel discussion conducted. The 3 <sup>rd</sup> was on Feb 16 where 77 participants (F=46, M=31) from Documents Authentication & Registration Office (DARO) participated. Participants include journalists, communication officers, health care workers and program managers, and the purpose is to review progress and set plans according to the need.	Nov 13	Sep 14	Ongoing
1.3.14	MSH	Assessment on DOT & IPT	The assessment proposal finalized and data collectors trained	Mar 14	Jun 14	Ongoing

Fig 1.Important TB message prepared as education material for public use





Fig 2: WTD, 2014 Participants walking for the event in Hawassatown

# Summary of findings of the pilot project on TB contact tracing

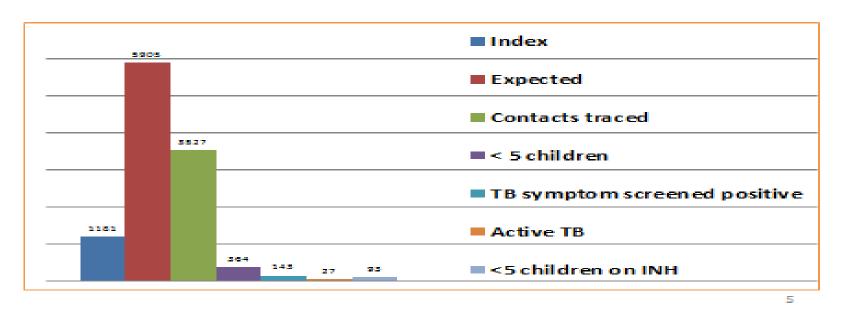


Fig 3: Findings of the pilot project on TB contact screening

#### 2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.2	Laboratories with working internal and external QA programs for smear microscopy and culture/DST	67%	75%	Measured annually	
2.1.3	Laboratories demonstrating acceptable EQA performance	67%	75%	Measured annually	
2.2.1	Confirmed link with an SRL through a memorandum of agreement	Yes	Yes	Measured annually	

2.3.1		sites offering advanced es for TB or drug-resistant TB			Measured	annually	
2.3.3	Patients di	agnosed with GeneXpert  TB CARE Year 4	<u> </u>	3000 s as of the quarter's	Not yet measured (Q 3)  Planned Month		The national reporting system for Expert is still under development, and there is some progress during this quarter and reports will be submitted starting next quarter.  Status
Code (***)	Partner	Planned Activities	e	nd	Start	End	
2.1.1	MSH	Equipment maintenance	Discussion made with (SNNPR) and the trair April 2014	May 14	Jun 14	Ongoing	
2.1.2	MSH	OR on TB lab diagnosis	Discussion on proposa commenced	Nov 13	Feb 14	Ongoing	
2.1.3	MSH	TB microscopy EQA RRLs	Onsite supervision conducted in Tigray region. Two rounds of training for TB focal persons on randomization and collection donein January2014.		Dec 13	Mar 14	Completed
2.1.4	MSH	TB microscopy EQA - EHNRI			Mar 14	May 14	Pending
2.1.5	MSH	TA improving diagnosis	SOW developed and A strategic plan develop	, ,	Aug 14	Sep 14	Ongoing
2.1.6	KNCV	Procure Genexpert	The APA4 planned procurement of 8 GeneXpert machines and 2000 cartridges was initiated through FMOH.  Additional PEPFAR funded GeneXpert machines procurement process initiated.		Jan 14	Jun 14	Ongoing
2.1.7	MSH	Introduction of LED fluorescence microscopy (LED FM)	Training on AFB Microscopy using ZiehlNeelsen (ZN) & LED FM was conducted in Tigray from January 10-16 2014. The same training is scheduled with SNNPR in April.		Oct 13	Apr 14	Ongoing
2.1.8	MSH	Support lab TWGs	Actively participate in and workshops	the regular meetings	Oct 13	Sep 14	Ongoing

2.1.9	MSH	Training on TB culture		Feb 14	Mar 14	Pending
2.1.10	MSH	LED microscopes	Procurement initiated for 12 microscopes.	Mar 14	May 14	Ongoing
2.1.11	MSH	Update AFB manual	Discussion commenced with National reference laboratory (EHNRI)	Dec14	May 14	Ongoing
2.1.12	MSH	TB lab strategy	International consultants identified and acquainted to each other, TOR developed and distributed and activity was carried out in February 2014. The strategy is being developed by international consultants.	Nov 13	Feb 14	Ongoing
2.1.13	KNCV	TA on rapid diagnostics	Planned for Q3 (PMDT section)	Jan 14	May 14	Ongoing

## 2.3 Infection Control

Code	Outcome 1	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result		It to date	Comments
3.1.1		B-IC guidelines that are in with the WHO TB-IC policy approved	Y	Y	Y		
3.1.2	TB-IC meas	sures included in the overall C policy	Y	Y		Υ	
3.2.1	"FAST" stra adopted	itegy has been adapted and	0	2		easured (at the lof Q3)	
3.2.2	Facilities im with TB CA	nplementing TB IC measures RE support	244	280	255		
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's Planned Mont		Planned Month		Status
(***)	Partner	Planned Activities		ma	Start	End	_
3.1.1	KNCV	Set standard for HF design	Guideline finalization consultative workshop conducted, comments incorporated; on process of further enrichment to incorporate recent updates from other guidelines. Postponed to Q3, to further enrich through TA (3.2.8)		Oct 13	Dec 13	Ongoing
3.2.1	KNCV	Introduce FAST strategy	Package introduced to 31 Health Centers in Addis Ababa; too soon to share progress.		Dec 13	Sep 14	Completed
3.2.2	KNCV	Assessment on TB	National task force has finalized protocol, data collectors training soon to start		Oct 13	Aug 14	Ongoing
3.2.3	KNCV	Minor renovation TB clinics	Renovation started at		Oct 13	Sep 14	Ongoing

3.2.4	KNCV	N-95 respirators	Procurement order submitted to HQ; sample approved and waiting for arrival of respirators	Oct 13	Aug 14	Ongoing
3.2.5	KNCV	Surgical masks	To be ordered and procured in Q3	Oct 13	Aug 14	Pending
3.2.6	KNCV	Supportive Supervision	Supportive supervision conducted to SNNPR and Tigray, which helped to strengthen the establishment of TBIC committees, TB IC plans and implementation.	Oct 13	Aug 14	ongoing
3.2.7	KNCV	Review meeting on TB-IC	plans and implementation.  Conducted one round of review meetingwith Addis Ababa Health Bureau, for 31  Health Centers for two days.  Similar event will be conducted in Q 3 for Oromiya trained HFs		Jul 14	Ongoing
3.2.8	KNCV	TA on TB-IC	Preparations concluded to bring TA, in first week of April2014 (Dr Max Meis)	Apr 14	Aug 14	Pending
3.4.1	KNCV	Training HCW	Trained 74 program experts from Tigray mainly on TB-IC.	Feb 14	Jun 14	Completed
3.4.2	KNCV	Training overseas	Two experts from Ministry of Health attended TB IC training in Rwanda, in March 2014, fully supported by TB CARE I. These participants are expected to lead TBIC activities at MOH and health bureau level respectively.	Dec 13	May 14	Completed
3.4.3	KNCV	Training architects	Preparations finalized to train architects/engineers from all regions, aligning with TA (3.2.8)	Jan 14	Jun 14	Ongoing

## **2.4 PMDT**

Code	Outcome 1	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result	to date	Comments
C6	Number of	MDR cases diagnosed	270	420	16		Q2 data from FMOH (Q1 was 156)
<b>C7</b>	Number of	MDR cases put on treatment	340	450	13	32	Q2 data from FMOH (Q1 was 122)
4.1.2	treatment a	tients who are still on and have a sputum culture 6 months after starting MDR- nt	20%	52%	47% (6	4/135)	Among Q1 enrollees in 2013 from FMOH
4.1.3	MDR TB par full course and have a	tients who have completed the of MDR TB treatment regimen negative sputum culture	85%	86%	78.4% (1		Data for 3 years from 2009-2011 from FMOH
4.1.4	A functioning body	ng National PMDT coordinating	Yes	Yes	Υe	es	Ongoing
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned	Month	Status
(***)	Partilei	Plainieu Activities	quarter	s enu	Start	End	
4.1.1	KNCV	Training HCW	A total of 115 HCWsand program managers (F=28, M=87) trained in SNNPR on PMDT & TBIC		Nov 13	Sep 14	Completed
4.1.2	KNCV	International Training	The Union contacted a conduct International from July7-11,2014 a continued	training on PMDT	May 14	May 14	Ongoing
4.1.3	KNCV	Procure lab equipment	After discussion with I ordered through FMol machines)		Jan 14	May 14	Ongoing
4.1.4	KNCV	Update guideline	Final draft ready for p material also finalized being conducted usin	and trainings are	Oct 13	Jul 14	Ongoing
4.1.5	KNCV	National workshop PMDT	Postponed by FMoH		Oct 13	Dec 13	Postponed
4.1.6	KNCV	Procure SLDs	Activity/Budget modification requested, as the national need for SLDs is not as expected		Oct 13	Jun 14	Pending
4.1.7	KNCV	Procure ancillary drugs	Preparation of essential items completed, in consultation with FMoH, to initiate procurement in Q3		Oct 13	Sep 14	Ongoing
4.1.8	KNCV	Socio-economic support	So far supporting mor patients at ALERT. Te to Tigray and SNNP re	re than <b>160</b> MDR-TB chnical advice given	Oct 13	Sep 14	Ongoing

			how to utilize funds from Global fund on socio-economic support.			
4.1.9	KNCV	Standardization of patient support scheme	Draft finalized and incorporated in the draft PMDT Guideline	Jan 14	Mar 14	Ongoing
4.1.10	KNCV	Renovation Part II	Over all the three renovation projects completed more than 90% , of physical structure	Oct 13	Mar 14	Ongoing
4.1.11	KNCV	Equipment for MDR sites	Equipped Geda MDR-TB ward and partly existing Bishoftu MDR-TB unit. List prepared for the new Bishoftu MDR-TB ward consulting ORHB, and procurement initiated.  Additionally, ALERT Center is equipped, based on their demand, mainly for MDR-TB Ward		May 14	Ongoing
4.1.12	KNCV	TA on PMDT	Drs Agnes and Kathy from Nov 11-15, 2013	Jan, 14	Jul 14	Completed
4.1.13	KNCV	Supportive supervision and Strengthen linkage of TIC and TFC	Conducted SS for SNNP RHB from Dec 23, 2013 to Jan 01 2014, and Jan 20-23, 2014	Oct 13	Aug 14	Ongoing
4.1.14	KNCV	Completing renovation	Actual renovation started at Yirgalem- MDR-TB Ward and 20% of the work completed	Oct 13	May 14	Ongoing
4.1.15	KNCV	Networking of MDR sites	Regional workshops conducted for SNNPR and Tigray RHBs to facilitate networking of health facilities and laboratories			Ongoing
4.1.16	KNCV	Assessment on PMDT	Postponed for Q3	Jan 14	Jun 14	Postponed
4.1.17	KNCV	Upgrade culture laboratory	Started at St. Peter Hospital ; more than 55 % of the work completed	Oct 13	Aug 14	Ongoing
4.1.18	KNCV	Equipment for culture laboratory	AHRI sent list of lab equipment; under discussion to prioritize the demand	Mar 14	Aug 14	Ongoing

## 2.5 TB/HIV

Code	Outcome 1	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result	to date	Comments
5.1.1		atients treated for latent TB uring reporting period	20%	25%	Measured annually		
5.2.1	HIV-positiv	e patients who were screened IV care or treatment settings	90%	95%	Measured	d annually	
5.2.2		(new and re-treatment) with result recorded in the TB	95%	98%	Measured	d annually	
5.2.3		s (new and re-treatment) s HIV-positive	10%	8%	Measured	d annually	
5.3.1	continued of	e TB patients started or on antiretroviral therapy (ART)	51%	75%		d annually	
5.3.2	continued of		80%			•	
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities		Cumulative Progress as of the quarter's end		d Month	Status
5.2.1	MSH	Review meetings	TB/HIV review meeting general TB review mee second time in this qua	Start Jun 14	End Jul 14	Ongoing	
5.2.2	MSH	Union conference	Participated & presente case detection using SG symposium in the IUAT	OP in Ethiopia> at a	Nov 13	Nov 13	Completed
5.2.3	MSH	Piloting Mortality	Based on the initial ass was no longer needed; request an activity mod	it was decided to	Dec 13	Apr 14	Pending
5.2.4	MSH	TA on mortality audit tool	Same as above		Jan 14	Jan 14	Pending
5.2.5	MSH	TOTs on TB and TB/HIV	Conducted two rounds and Butajira towns in c Southern region (SNNF and 32 health care wor 22-27 and January 30-respectively.	Jan 14	Sep 14	Completed	
5.2.6	MSH	Reprint guideline	6,500 copies of national implementation guideli Distribution has alread	nes printed.	Feb 14	Mar 14	Completed

#### 2.6 HSS

Code	Outcome I	Indicators and Results	Actual Year 3 or Baseline Result	Result to date		Comments	
6.2.1	TB CARE-su conducted	apported supervisory visits		20	4		
6.2.2	People train	ned using TB CARE funds	845 784		203 (F=86	6, M=117)	
Activity	Lead	TB CARE Year 4	_	s as of the quarter's	Planned	d Month	Status
Code (***)	Partner	Planned Activities	end		Start	End	
6.1.1	KNCV	Workshop on sustainability	i) Supported lab process for AL strengthen the capacity) ii) Provided office equipment (LC printer) for FN is responsible activities in the country.		Jul 14	Ongoing	
6.1.2	KNCV	TA on financial sustainability	TA still under discussing happen during Q-III.	on, perhaps will	Apr 14	Jul 14	Pending
6.1.3	WHO	Stop TB partnership	Discussion made with MoH to revise/develop the TB program management training material and the process is started.		Jan. 2014	Jan 2014	Ongoing
6.2.1	WHO	Supportive supervision	TB and TB/HIV progra supervisions done in A SNNPR regions.	Dec.13, March 14, June 14, Aug. 14	Dec.13, March 14, June 14, Aug. 14	Ongoing	
6.2.2	WHO	Training program managers	Planned in 3 <sup>rd</sup> Q		Jan 2014	Jan. 2014	Pending

### 2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Yes (MDR-TB)	Yes (MDR-TB)	Yes	
7.2.1	Data quality measured by NTP	No	Yes (regional)	Not yet done, scheduled for Q-III.	

7.2.2		es regular feedback from ntermediate level	Yes Yes				
7.3.1	OR studies		6	15	6		1st cohort 6 teams finalized their report & presented their abstracts at the national TB research conference on March 21, 2014
7.3.2	OR study re	esults disseminated	83%	85%			
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	_	s as of the quarter's	s Planned Month		Status
(***)	raithei	Fiamled Activities	e.		Start	End	_
7.2.1	KNCV	Mentoring MDR sites	Conducted to provide to newly opened MDR		Dec 13	Sep 14	Ongoing
7.2.2	KNCV	Print Register and formats	Revised national TB, T formats are in the pro for national use (as pe	May 14	Jun 14	Ongoing	
7.2.3	KNCV	Prepare documentary	Planned for Q 4	Apr 14	Jul 14	Pending	
7.2.4	KNCV	Strengthen MDR data management	NTP/MoH working with information related to country. TB CARE I su of data management mentorship to MDR sit	Jan 14	Feb 14	Ongoing	
7.3.1	KNCV, The union	Training on OR (4 rounds)	OR training for cohort manuscript writing col February 17-21, 2014	OR training for cohort I Block III on manuscript writing conducted from February 17-21, 2014, 17trainees(F=2, M=15) and 5 mentors (all male) attended			Completed
7.3.2	KNCV	Conduct OR by cohort II	7 teams at the stage of submitted for ethics a		Jan 14	Jan 14	Ongoing
7.3.3	KNCV	Grant OR proposal (I &II)	Final 6 OR proposals s	selected and signed	Oct 13	May 14	Ongoing
7.3.4	KNCV	Mentoring for OR	Mentors from respecti universities are super teams of cohort I & II	Mentors from respective regional universities are supervising & mentoring OR		Nov 13	Ongoing
7.3.5	KNCV	TRAC conference	The 9 <sup>th</sup> TRAC conferer conducted successfull (SNNPR). Nine TB CAF were presented during	Mar 14	Mar 14	Completed	
7.3.6	KNCV	TB conference	Abstract for the 2014 submitted	Union conference	Oct 13	Nov 13	Ongoing

7.3.7	KNCV	Support regular TRAC meetings	A one day regular TRAC meeting conducted in Feb mainly focusing on TRAC conference and selection of new chair	Oct 13	Sep 14	Ongoing
7.3.10	KNCV	Support research Ethics activities	Training on Ethics planned for Q-III	Jan 14	Mar 14	Pending
7.3.12	KNCV	TOT on OR		Apr 14	Jun 14	Pending
7.3.13	KNCV	Training on Impact Assessment Framework	One training conducted in Oct 14-18, 2013, 17 participants (F=4, M=13) attended the course	Oct 13	Dec 13	Completed
7.3.17	KNCV	Conduct impact assessment	One OR proposal selected (process of feedback) and planning to organize follow up training in collaboration with Liverpool school of tropical medicine (LSTM)	Jan 14	Mar 14	Ongoing

2.8 Drugs

Code	Outcome 1	Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result	to date	Comments
8.1.1	National for year is avai	recast for the next calendar ilable	Yes	Yes	Y	es	National forecastingdone until 2015
8.1.2		OPs for selection, quantification, nt, and management of TB available	Yes	Yes			
Activity Code	Lead Partner	TB CARE Year 4 Planned Activities	_	s as of the quarter's nd	Planned Month		Status
(***)			Cita		Start	End	
8.1.1	MSH	Quantification workshop	Discussion repeatedly However due to comp activity is postponed t	Oct 13	Nov 13	Postponed	
8.1.3	MSH	Supportive Supervision	One round of supportice conducted jointly with for 28 HFs(November	Dec 13	May 14	Ongoing	
8.1.4	MSH	Scale up Patient kits	Planned to conduct ar HFs in Tigray on 12 A		Aug 14	Aug 14	Pending
8.1.5	MSH	IPLS training	Training on IPLS for P from Tigray& Souther conducted – 2 round. 1. 55 Participant health centers February, 201	Jan 14	Feb 14	Completed	

			Mekelle 2. 56 participants (32-M, 24-F) from HFs in SNNPR. 28 Feb. – 02 March, 2014 at central Hawassa Hotel, Hawassa			
8.1.6	MSH	3	Planned to conduct an orientation event to HFs in Tigray from 12-13 April, 2014	Apr 14	Apr 14	Pending

#### 3. TB CARE I's support to Global Fund implementation in Year 4

#### **Current Global Fund TB Grants**

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
ETH-T-FMOH		A2	41,864,370	40,631,526

<sup>\*</sup> Since January 2010

#### In-country Global Fund status - key updates, challenges and bottlenecks

Ethiopia has two active GF grants for TB which includes Round 9 and 10. Phase I of Round 10 covers the period up to June 2014, for which all disbursement for year I & II of the allocated amount is completed. The Ministry of Health is working on finalizing work plan together with regional health bureaus. Proposal for phase II renewal has been submitted and face to face discussions between PR and GF was also conducted. The total requested amount for phase II is 65 million US dollars. The main challenges encountered so far are timely liquidation of the allocated funds and weak programmatic performance in achieving some of the targets. A meeting was conducted between FMOH, USAID and partners, in January 2014, where they agreed to align resources and establish a coordination mechanism for ensuring efficient utilization of resources coming from GF and USAID partners. Nine out of the eleven programmatic indicators in the performance framework were due for reporting in the reporting period between 01 Jan 2013 and 30 June 2013, and the overall programmatic performance was satisfactory. The country team received a formal letter in December2013 requesting a direct transfer of money to GDF/IDA for the procurement of second line drugs which was approved by the Ministry of Health and now the process is underway. Based on the current cash transfer there is a savings of about 1.2 million USD which would be available for supporting other activities.

## TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

TB CARE has been supporting the implementation of global activities by actively participating in the key programmatic activities including development of the national strategic plan, Phase II GF renewal, national TB program review meeting, and the external TB program review. Moreover, TB CARE has been a key partner in the revision of guidelines on PMDT, development of a GeneXpert implementation plan, participation in a GF high impact Africa meeting and provision of key technical assistance to the national TWG.

## 4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	140	120	
Total 2011	212	199	
Total 2012	200	317	
Jan-Mar 2013			
Apr-Jun 2013			
Jul-Sep 2013			The national data is still not
Oct-Dec 2013			formally available, and these
Total 2013	0	384	figures were obtained from only
Jan-Mar 2014	0	81	two PMDT sites.

5. TB CARE I-supported international visits (technical and management-related trips)

<u>5.</u>				ational visits (tecnn			_	
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	KNCV	1.3.5	Netty Kamp	TA on ACSM/CSO	February	Planned for June		
2	KNCV	3.2.1	Amos Kutwa	TA on TBIC	March	Completed	Mar 31-April 4, 2014	Done by max
3	KNCV	2.1.13	Valentina Anismova	TA on rapid diagnostics	February	Completed	Feb 15-28, 2014	
4	KNCV	4.1.14	Victor Ombeka	TA on PMDT	May	Completed	Nov 11-15, 2013	TA was provided by Agnes &Kathy
5	KNCV	6.2.3	Bert Schreuder	TA on HSS	March	Postponed to Q- III		
6	KNCV	7.3.1	Eveline Klinkenberg	TA to support OR training- C-1, B-II	November	Completed	Dec 16-20, 2013	
7	KNCV	7.3.1	Eveline Klinkenberg	TA to support OR training- C-1, B-III	February	Completed	Feb 17-21, 2014	
8	KNCV	7.3.1	Eveline Klinkenberg	TA to support OR training- C-2, B-II	May			
9	KNCV	7.3.1	Eveline Klinkenberg	TA to support OR training- C-2, B-III	June			
10	MSH	1.2.16	Abel Nkolo	TA contact investigation	June			
11	MSH	2.1.6	Charles Kagoma	TA on laboratory	July			
12	MSH	5.2.4	Abel Nkolo	TA on mortality audit tool	May			
13	The Union	7.3.1	IDRussen and Rita Dlodlo	TA to support OR training- C-I, B-II	November	cancelled		
14	The Union	7.3.1	ID Russen and Rita Dlodlo	TA to support OR training- C-II, B-II	February	Postponed to June		
15	The Union	7.3.1	ID Russen and Rita Dlodlo	TA to support OR training- C-I, B-III	February	Completed	Feb 17-21, 2014	Only Ritta
16	The Union	7.3.1	ID Russen and Rita Dlodlo	TA to support OR training- C-II, B-III	June			

17	The	7.3.13	ID Russen and TBD	TA on impact assessment	November	Cancelled		
	Union							
18	WHO	6.2.2	Consultant from Sondalo	TA on training program management	January	postponed to Q- III		
Tota	l number o	of visits cor	ducted (cumulative for	fiscal year)		6		
Tota	Total number of visits planned in workplan					18		
Perc	Percent of planned international consultant visits conducted					35%		